A. OVERVIEW

STATE HEALTH AGENCY'S CURRENT PRIORITIES

Wisconsin's State Health Plan, Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public was released in early 2002. All related documents are available on CD-ROM to include:

1. State Health Plan
2. State Health Plan Executive Summary
3. Wisconsin's Stakeholders Report
4. Minority Health Report
5. Implementation Plan (All Templates and Logic Models)
6. Mapping Project
7. Local Public Health Systems Partnership Database Introduction
8. Local Public Health Systems Database
9. Healthiest Wisconsin 2010 Annual Status Report 2004

The State Public Health Plan fulfills the legislative requirement to develop a state public health plan at least once every ten years as required in Wis. Stats. 250.07. Participation in implementing and monitoring progress, over the remaining five years continues to involve diverse partners including state and local government, nonprofit and private sector, and consumers. The DPH Administrator uses the State Public Health Plan as a major reference guide to determine the importance and magnitude of maternal and child health services when compared with other competing factors that impact health services delivery in Wisconsin. With finite funds, this planning is imperative.

The Healthiest Wisconsin 2010 defines "public health" and the 12 essential public health services. The document describes the five system (infrastructure) priorities and the 11 health priorities that will set the stage for public health programs. The system priorities are: 1) integrated electronic data and information systems, 2) community health improvement processes and plans, 3) coordination of state and local public health system partnerships, 4) sufficient and competent workforce, and 5) equitable, adequate, and stable financing.

Wisconsin's 11 health priorities, listed alphabetically, are:

- Access to primary and preventive health services
- Adequate and appropriate nutrition
- Alcohol and other substance use and addiction
- Environmental and occupational health hazards
- Existing, emerging and re-emerging communicable diseases
- High-risk sexual behavior
- Intentional and unintentional injuries and violence
- Mental health and mental disorders
- Overweight, obesity, and lack of physical activity
- Social and economic factors that influence health, and
- Tobacco use and exposure.

Underlying Healthiest Wisconsin 2010 is the comprehensive view of health that we have long embraced in the MCH/CSHCN Program. This includes not only physical and mental health but also social, spiritual, and community well-being. This view of health affirms the essence of MCH, which lies not only in the prevention and reduction of morbidity, mortality, and risk but also in the fostering of the potential for children and families to become compassionate, productive, and dignified citizens.

In 2004, we prepared a navigational tool to help LHDs see the direct connection between Healthiest Wisconsin 2010 priorities and objectives with MCH/CSHCN Program as they consider making application for Blue Cross/Blue Shield (BC/BS) resources and negotiating for performance-based contracting. This tool was important because both of Wisconsin's medical schools require that BC/BS applications align with the state health plan's priorities.

Intense efforts to monitor progress and track accomplishments for each of Wisconsin's 11 health priorities began in 2005. The first DHFS Annual Status Report was completed this year with the purpose to improve communication between the Department and its partners related to the implementation of Healthiest Wisconsin 2010 and to describe new initiatives that are underway. Tracking the State Public Health Plan provides access to state-level data on indicators that track progress toward meeting many of the 2010 objectives. Indicators were developed to measure a given objective based on the availability of state-level data.

Finally, results from our 2005 (required) Title V needs assessment are closely linked to seven of the 11 State Public Health Plan priorities as follows: access to primary and preventive health services; high-risk sexual behavior (which includes pregnancy); intentional and unintentional injuries and violence; mental health and mental disorders; overweight, obesity, and lack of physical activity; social and economic factors that influence health; and tobacco use and exposure.

PRINCIPAL CHARACTERISTICS OF WISCONSIN

The information is adapted from the following data sources: 1) 2000 U.S. Census; 2) the State of Wisconsin, 2003-2004 Blue Book, compiled by the Wisconsin Legislative Reference Bureau, 2003; 3) the Anne E. Casey Foundation Kids Count Online Data available at: http://www.aecf.org/kidscount/data.htm; 4) Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Infant Births and Deaths, 2003, Madison, Wisconsin, 2004; 5) Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Deaths 2003, Madison, Wisconsin, 2004; 6) Wisconsin Department of Health and Family Services, Division of Public Health, Minority Health Program. The Health of Racial and Ethnic Populations in Wisconsin: 1996-2000. Madison, Wisconsin, 2004; 7) Council on Children and Families, Inc., 2003 WisKids Count Data Book, Madison, Wisconsin, 2003; 8) The Center on Wisconsin Strategy County Database available at: http://www.cows.org/toolkit/data_county/county_database.asp; and 9) The Institute for Women's Policy Research, The Status of Women in Wisconsin, Washington, DC, 2004.

Population and Distribution

On April 1, 2000, Wisconsin's population was 5,363,675, according to the U.S. Census. Compared to the U.S. as a whole, with an overall 13% growth rate during the 1990s, Wisconsin's rate of growth was 10%. Wisconsin (along with 8 other states) lost a seat in the Congress in the reapportionment of the House of Representatives based on the final census counts.

Although Wisconsin is perceived as a predominantly rural state, it is becoming increasingly urbanized as reflected by the 2000 census. Sixty-eight percent of Wisconsin's population live in 20 (of 72) metropolitan counties (those counties with a city of 50,000 or more population plus those nearby counties where commuting to work is a link between the city and suburban counties); the remaining 32% of the population live in Wisconsin's 52 non-metropolitan counties. Wisconsin's population density varies greatly across the state. For example, the City of Milwaukee has 6,214 persons per square mile while Iron County, in the upper tier of northern Wisconsin has only eight people per square mile and an average number of 96 persons per square mile. Wisconsin's population is expected to grow with the largest amount of growth in the suburbs of metropolitan areas such as the Fox River Valley (Appleton, Green Bay, Menasha, Neenah, and Oshkosh), the counties surrounding the County of Milwaukee, and the western counties adjacent to the metropolitan area of Minneapolis/St. Paul. Despite this strong growth in major metropolitan areas, the City of Milwaukee, however, has experienced a loss of more than 31,000 residents during the 1990s, and Milwaukee County decreased by 19,000 persons.

Population characteristics: Females make up 51% of the state's population and 34% of women live outside the metropolitan areas. The 2003 population estimate for the number of children under the age of 18 was 1,339,690 or about one-fourth of the state's population. The largest percentage of children live in the southeastern portion of the state (38%) and the smallest percent of children (9%) live in Wisconsin's northern tier.

In 2000, non-family households (defined as one person living alone or multiple unrelated persons living together) comprised more than one-third of all households in Wisconsin and more than half of these households were headed by females; traditional families (married couples with own children) comprised 24% of Wisconsin households, compared to 30% in 1970. Like the rest of the country, the 1950s "Ozzie and Harriet" picture has changed to the "Friends" of the 21st century. Additionally, family size has decreased: the average household size in Wisconsin 50 years ago was 3.4 persons; in 2000, it was 2.5 persons.

Vital statistics: Births to single mothers have increased slightly from 25% in 1991, 27% in 1993 and 1995, and 28% in 1996 and 1997 to 31% in 2003. The marriage rate in 2003 was 6.3 per 1,000 total population, lower than the U.S. 2003 provisional marriage rate of 7.6. The divorce rate per 1,000 residents has remained fairly static since 1993 hovering at 3.5 to 3.1 in 2003; this rate is consistently lower than the U.S. provisional divorce rate of 3.8 in 2003. Fifty-four percent of Wisconsin divorces in 2003 involved families with children under 18 years of age. In 2003, there were 42,040 deaths in Wisconsin for a rate of 8.4 per 1,000 population, slightly lower than recent years; this rate is similar to the U.S. rate.

Racial and ethnic characteristics: 2000 was the first year that census respondents were allowed to identify themselves as being of more than one race and about 1.2% of Wisconsin individuals selected multiple races. Therefore, comparisons of race/ethnic groups in Wisconsin are approached cautiously. From the 2000 census, single race and ethnic categories were the following: 88.9% White, 5.7% Black, 0.9% American Indian, 1.7% Asian (Hmong and Laotian are the two largest Asian groups), 1.6% other races, 1.2% two or more races, and 3.6% of Hispanic origin, any race. Wisconsin has 11 Indian reservations, and in 2000, the American Indian population was 47,228, a 21.1% increase from 1990.

In 2000, almost 76% of Wisconsin's Blacks lived in Milwaukee County. Two counties, Milwaukee and Racine, have Black populations that are more than 10% of the population;

Milwaukee (24.6%) and Racine (10.5%). Also, for the first time, more than half of Milwaukee County's population was non-White. Thirty-nine percent of Wisconsin's children live in the southeastern portion of the state which includes the county and city of Milwaukee.

Selected indicators of child well-being in Wisconsin

Since 1990, Wisconsin's percentage of children has decreased from 14.9 in 1990 to 11.2% in 2000. Although poverty rates in 2000 for all race and ethnic groups decreased since 1990, the following table shows that minorities carry the burden of poverty in Wisconsin.

Children Living in Poverty	**1990**	**2000**
Total	14.9%	11.2%
White	9.9%	6.9%
African American	55.8%	41.7%
Asian	48.8%	23.0%
Native American	46.1%	27.0%
Hispanic	33.7%	24.6%

Income and Poverty

Wisconsin, overall, does well compared to the rest of the nation for indicators of income and poverty. In 2004, Wisconsin's not seasonally adjusted unemployment rate was 4.9%, compared to the U.S. rate of 5.5%. Although 7% of White women live in poverty in Wisconsin (one of the lowest percentages for White women in all but 7 states), 30% of Black women, 20% of American Indian women, 21% of Hispanic women, and 16% of Asian women live in poverty. The unemployment rate for Black women in Wisconsin is nearly twice as large as Black women nationally, and Black women here are three times as likely to live in poverty as White women. Children in Wisconsin are more likely to live in poor families; the disparity of the percentage of Black children living in poverty is six times greater than White children, is greater than any other state, and is exceeded only by the Black/White child poverty of Washington, D.C. The poverty rate for Black families in Wisconsin was 39%, the fourth highest in the country. Also, in 2000, nearly one-third of Blacks in metropolitan Milwaukee lived in poverty -- a rate seven times greater than for Whites in the same area. Overall, the percentage of children under 18 who live in poverty in Wisconsin is 11%. The range of the percentage of children who live in poverty by county is significant, from the counties with the highest poverty rates for children (Menominee at 39.6%, Milwaukee at 23.3.%, Vernon at 22.8%) to the counties with the lowest poverty rates for children (Ozaukee at 2.6%, Waukesha at 3%, and St. Croix at 3.9%). About 25% of American Indian and Asian American single-mother families in Wisconsin are poor, as is about one-third of Hispanic single--mother families.

Wisconsin's Racial and Ethnic Composition and Health Disparity

It is expected that Wisconsin's population will continue to increase in racial and ethnic diversity to further enrich the state. The population of Wisconsin is primarily non-Hispanic White (89% in 2000). The racial and ethnic groups of Blacks, American Indians, Southeast Asians, and Hispanics report a youthful age structure with proportionately more women entering the childbearing ages.

In 2000, Blacks represented the largest racial minority group comprising about 5.7% of the total population. The Hispanic-origin population (of any race) constituted the second largest minority group in Wisconsin (3.6%). Although births to Hispanic women still constitute a small percentage (7.9%) of Wisconsin's total 2003 births, this percentage of Hispanic births has tripled in the last ten years. The American Indian population in Wisconsin includes several distinct nations: the Chippewa (Ojibwa), Oneida, Winnebago, Menominee, Stockbridge-Munsee, and the Potawatomi. The 2000 Census count was 47,228 American Indians in Wisconsin, an increase from 38,986 in 1990. The Southeast Asian population (includes people of diverse national origins to include Hmong, Laotian, Vietnamese, Thai, and Cambodian) has grown from 52,782 people in 1990 to 88,763 in 2000.

The following table, from the Anne E. Casey Foundation, Kids Count 2004 Data Book Online, presents major indicators of child well-being in Wisconsin compared to the U.S. in 2001.

Child Well-Being Indicator	Wisconsin	United States
Percent low birth weight babies	6.6%	7.7%
Infant mortality rate (per 1,000 live births)	7.1	6.8
Child death rate (deaths per 100,000 children ages 1-14)	21.0	22.0
Rate of teen deaths rate by accident, homicide, and suicide (deaths per 100,000 teens ages 15-19)	47.0	59.0
Teen birth rate (births per 1,000 females ages 15-17)	18.0	25.0
Percent of teens who are high school dropouts (ages 16-19)	7.0%	9.0%
Percent of teens not attending school and not working (ages 16-19)	5.0%	8.0%
Percent of children living in families where no parent has full-time, year-round employment	21.0%	25.0%
Percent of children of children in poverty	11.0%	16.0%
Percent of families with children headed by a single parent	26.0%	28.0%

Compared to other states, using these indicators, Wisconsin's overall rank is 11. These indicators do not reflect the significant disparities by racial/ethnic group in the state; selected indicators are discussed below:

- Infant mortality -- Often used as a measure of a society's overall well-being, is a significant issue in Wisconsin. The overall infant mortality in 2003 was 6.5 per 1,000 live births; the White rate was 5.3, a slight decrease from 5.5 in 2000, and a marked decreased from 7.0 in 1993. The Black infant mortality rate in 2003 was 15.3; in 1997 it was at its lowest for the past two decades at 13.4. Since then it increased steadily, to 18.7 in 2001, and aside from some fluctuations to the 1997 rate, it is essentially the same now as it was in 1980 at 18.2. In fact, because Black infant mortality has improved in other states, from 1999-2001 Wisconsin dropped to among the lowest, ranking 32 among 34 states. There are too few infant deaths in the other racial/ethnic groups to calculate annual rates. Therefore, the following three-year averages from 2001-2003 are American Indian: 12.9, Hispanic: 6.9, Asian (Laotian/Hmong): 7.6.
- Low birth weight/preterm -- In 2003, in Wisconsin, 6.6% of all births were infants with low birth weight, Black infants (13.2%) were about 2 times as likely as White infants (5.8%) to be born low birth weight. Also in 2003, 11.0% of infants were born prematurely, with a gestation of less than 37 weeks; non-Hispanic Black women had the

highest percentage of premature babies at 16.7%, followed by American Indian and Laotian/Hmong women at 11%, and White Hispanic women at 10%.

- First trimester prenatal care -- Overall, in 2003, 84.7% of pregnant women in Wisconsin received first trimester prenatal care. Among Black and American Indian women, 73.5% and 71.0% respectively, received prenatal care during the first trimester, compared to 88.3% for White women, followed by Hispanic women with 71.0%, and Laotian/Hmong with 54.2%.
- Teen birth rate -- In 2003, for teens <20 years, there were 6,317 births (rate of 32.5 per 1,000); by race/ethnic groups, there are disparities with Hispanic teens at the highest rate at 104.9, followed by Black teens (99.9), American Indian teens (76.2), and White teens (20.3). In 2003, as a percentage of all births, 9% were to teens; 24% of Black births to teens, 21% of Laotian/Hmong births to teens, 19% of American Indian births to teens, 16% of Hispanic births to teens, and 6% of White births to teens. Of the 50 largest U.S. cities, Milwaukee had the second highest percent of total births to teens with 2,021 births; these Milwaukee teen births represented 31% of teen births statewide.
- Leading causes of death -- The following table shows the five leading, underlying causes of death in Wisconsin, compared to race groups, all ages, 2003.*

Total	White	Black	Amer Indian	Asian
Heart disease (27.1)	Heart disease (27.4)	Cancer (21.9)	Heart disease (23.6)	Cancer (19.9)
Cancer (23.0)	Cancer (23.1)	Heart disease (20.3)	Cancer (16.3)	Heart disease (18.6)
Stroke (7.0)	Stroke (7.0)	Stroke (5.3)	Accidents (10.0)	Accidents (10.6)
Accidents (5.0)	Chronic lung disease (5.1)	Accidents (5.0)	Diabetes (5.9)	Stroke (9.7)
Chronic lung disease (5.0)	Accidents (5.0)	Assault (Homicide) (4.8)	Influenza & pneumonia (4.5)	Cert condi perinatal pd (5.5)

In 2003, the two leading causes of death statewide and for Whites were cancer and heart disease at more than 50%; 42% of all Blacks deaths were from heart disease or cancer, and the percentage of American Indians and Asians dying from heart disease and cancer were similar at 39.9% and 38.5% respectively. Chronic health conditions represented a smaller proportion of overall deaths for minorities because of the higher proportions of deaths in younger age groups such as injury or accidents, which occur more frequently. The third leading cause of deaths for American Indians and Asians was accidents at 10%, compared to 5% overall for Whites and Blacks. Violence (homicide) was the fifth leading cause of death among Blacks at 5% and was not a leading cause of death among other groups or statewide. About 6% of all American Indian deaths were from diabetes, but is not among the five leading causes of deaths for other groups or statewide; most of these American Indian deaths from diabetes were between the ages of 45-74.

FACTORS IMPACTING UPON THE HEALTH SERVICES DELIVERY ENVIRONMENT

Medicaid is the single most important government program to provide access to health care for low and middle income children and families. Today, about 1 in 7 Wisconsin residents rely on

Medicaid for comprehensive health care coverage they would not otherwise be able to afford. Four major groups received medical services through Medicaid: the aged, the blind/disabled, the Healthy Start population, and recipients who qualified under the former Aid to Families with Dependent Children (AFDC) standards. Of the total Medicaid-eligible recipients, well over half were eligible through AFDC or Healthy Start, accounting for 19% of Medicaid expenditures. The aged/blind/disabled make up approximately 35% of the eligible population and account for 81% of the program expenditures.

The Wisconsin Medicaid budget continued to increase in 2004, in concert with national budget trends for Medicaid. Total expenditures for the program, rose by 9% in the 2003-04 state fiscal years, compared with the previous state fiscal year. Total expenditures were at $4.4 billion in all funding sources. These budget figures include Medicaid, Badger Care, Family Care, and Senior Care drug benefits. The Legislature in 2005 is deliberating on how to address a $590 million Medicaid budget shortfall. An Assembly Committee on Medicaid Reform has convened to deal with the issue. In general, Governor Doyle's administration has attempted to avoid making major cuts in Medicaid eligibility categories. However, the governor's current budget does contain additional cost saving initiatives. For example, one initiative is to increase the availability of Medicaid managed care for low income persons who receive Medicaid via Supplemental Security Income. These SSI enrollees currently receive Medicaid via the fee-for-service delivery system.

Wisconsin Works (W-2)

Wisconsin's Temporary Assistance to Needy Families program is referred to as the Wisconsin Works program. It replaced the Aid to Families with Dependent Children program, and it requires recipients to work. As of December 2004, total enrollment in the Wisconsin Works program (W-2) was about 10,800. The 2004 average monthly enrollment was 12,060. Early in 2005, a report by the non-partisan Legislative Audit Bureau (LAB) reported that fewer than 20% of W-2 graduates had jobs that paid more than poverty-level wages a year later; that a fifth of W-2 clients collected checks without any work or training assignment; and that the state had mistakenly made $3.2 million in client overpayments. The LAB report made a number of recommendations to improve program efficiency.

Blue Cross Blue Shield Grants

Blue Cross Blue Shield asset conversion is an endowed fund that will fund public health projects "in perpetuity". Therefore, we will continue to provide overall project and grant-writing assistance to interested agencies into the future. The first grant cycle began in 2004. Maternal and child health proposals were well-represented among grant award winners in the first award cycle of Wisconsin's Blue Cross Blue Shield public health initiative. In the implementation (large-grant) category for the University of Wisconsin - Wisconsin Partnership Fund, for example, 10 of 13 funded projects had at least partial focus on maternal issues, children, or families. The funded value of these grants is approximately $4.5 million over three years. These funded projects are:

1. Madison Community Health Center (Adolescents)
2. DHFS (Oral Health)
3. Dane County Department of Human Services (Home Visiting)
4. WI Women's Health Foundation (First Breath)
5. Aurora Medical Center in Washington County (Fit Kids)
6. Milwaukee Birthing Project (Infant Mortality)

7. Wisconsin Association for Perinatal Care (Peridata)
8. Aurora/Sinai (Safe Mom/Baby -- Domestic Violence)
9. LaCrosse Schools (Healthy Lives for Kids with Disabilities)
10. Great Lakes Inter-Tribal Cooperative (Healthy Children/Strong Families)

The DHFS oral health project deserves particular mention in this context. Title V block grant funded staff had lead responsibility to write one of the only Department-sponsored projects because of the high priority the Department places on oral health. Under the Department's directive, however, virtually all of the $450,000 in the oral health project award is being passed through to community entities, including mini-grants to local health departments in the state's Northern Region. These health departments will implement several preventive strategies with a pediatric focus, including a fluoride varnish initiative.

Reproductive Health and Family Planning Services, Waiver and Outreach Efforts

According to the latest report prepared by the Alan Guttmacher Institute, 634,250 (among the 1,235,190 women in Wisconsin ages 13-44) are estimated to be at risk of unintended pregnancy and in need of contraceptive services and supplies. Of this number, 230,060 are estimated to be at risk of unintended pregnancy and in need of publicly supported contraceptive services: this includes 95,350 under age 20, and 134,710 between the ages of 20-44 and under 250% of poverty. This group is at high-risk for unintended pregnancies, and the health, financial, and social consequences to women, children, and families. Low income women are particularly vulnerable to the consequences.

The Wisconsin Medicaid Family Planning Waiver was approved and implemented January 1, 2003, to increase access to family planning services and supplies for low income women (below 185% poverty) ages 15-44. Through the outreach efforts of family planning providers under contract with the MCH-Family Planning Program, over 58,000 women were enrolled in the Waiver Program as of March 31, 2005. This represents approximately 18% of the estimated need for publicly supported services and supplies.

Increasing awareness about the Medicaid Family Planning Waiver, how to enroll, and how to obtain services is a high priority within the MCH-Family Planning Program. The goal is to provide information that will allow women to make informed decisions regarding enrollment. Providers will be encouraged to further collaborate with other community health providers in 2005 and 2006 to increase awareness and to increase access to services. A related priority will be to make contraceptive and related reproductive services more convenient: to reduce office protocols and other administrative barriers to services. Making services more convenient has considerable potential to enhance outreach success.

Wisconsin is in the midst of dealing with a budget deficit, a declining health care work force, people in need, and negative health outcomes associated with racial disparities. Given the state of Wisconsin's health care delivery environment, some could argue that Title V dollars are needed more today than ever before in order to fill the gaps and meet the needs where no other safety net exists.